

HEALTH ENTITIES

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: Nebraska **Filings Made During the Year 2005**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"X14")	1	1	xxx	3/1	NAIC	F
	1.1	Printed Investment Schedule detail (Pages E01-E25)	1	1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	1	1	xxx	5/15, 8/15, 11/15	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Actuarial Opinion	1	1	xxx	3/1	Company	
	11	Investment Risk Interrogatories	1	1	xxx	4/1	NAIC	
	12	Life Supplement	1	1	xxx	3/1	NAIC	
	13	Long-term Care Experience Reporting Forms	1	1	xxx	4/1	NAIC	
	14	Management Discussion & Analysis	1	1	xxx	4/1	Company	
	15	Medicare Supplement Insurance Experience Exhibit	1	1	xxx	3/1	NAIC	
	16	Property/Casualty Supplement	1	1	xxx	3/1	NAIC	
	17	Risk-Based Capital Report	1	1	N/A	3/1	NAIC	
	18	Supplemental Compensation Exhibit	1	N/A	1	3/1	NAIC	F, O
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	34	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	35	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
	36	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	37	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	
	52	Audited Financial Statements	1	1	xxx	6/1	Company	
	53	Audited Financial Statements Exemption Affidavit	0	N/A	N/A		Company	
	54	Independent CPA	1	N/A	N/A		Company	
	55	Notification of Adverse Financial Condition	1	N/A	1		Company	E
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	1		Company	E
	57	Request for Exemption to File	1	N/A	N/A	5/1	Company	
		V. STATE REQUIRED FILINGS						
	101	Filings Checklist (with Column 1 completed)	0	1	0		State	
	102	State Filing Fees	\$400	0	\$400	3/1	State	C
	103	Signed Jurat	xxx	xxx	0		NAIC	
	104	Annual Premium Tax Return	1	0	1	3/1	State	F
	105	A.S. Schedule T Page	0	0	1	3/1	NAIC	
	106	Comprehensive Health Insurance Pool	1	0	1	4/1	State	
	107	Fraud Contact Form	1	0	1	3/1	State	
	108	NE Small Employer Health Reinsurance Program	1	0	1	4/15	State	
	109	Quarterly Premium Tax Return	1	0	1	4/15, 6/15, 9/15	State	F

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

Health		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Annual Statement & Related Supplemental Filings: David L. Krumm (402) 471-2201 dkrumm@doi.state.ne.us Premium Taxes: Martha Hettenbaugh (402) 471-2201 mhettenbaugh@doi.state.ne.us
	B	Mailing Address:	Nebraska Department of Insurance 941 "O" Street, Suite 400 Lincoln, NE 68508
	C	Mailing Address for Filing Fees:	Same as Above. See premium tax return for additional fees.
	D	Mailing Address for Premium Tax Payments:	Same as above.
	E	Delivery Instructions:	All filings must be physically received by the Department no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. Audited Financial Statements: The Notification of Adverse Financial Condition must be forwarded to the Department within five business days of receipt of such report. The Report of Significant Deficiencies in Internal Controls must be filed with the Department within sixty days after filing of the annual audited financial statement.
	F	Late Filings:	Insurers who fail to pay any premium or retaliatory tax when due shall pay interest at the rate of nine percent. A forfeiture of \$100 per day will be imposed for late filing of the Annual Statement, supplemental compensation exhibit, and other supplemental filings. In addition, the Director may suspend or refuse to renew the company's certificate of authority until such filings are made.
	G	Original Signatures:	Original signatures required on all filings from domestic companies.
	H	Signature/Notarization/Certification:	
	I	Amended Filings:	Insurers must file amended items within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment.
	J	Exceptions from normal filings:	Extensions, not to exceed thirty days, for filing the Annual Statement may be granted for good and sufficient cause. No extension may be granted for payment of premium tax.
	K	Bar Codes (State or NAIC)	NAIC bar codes <u>must</u> be placed on all filings. Please follow the instructions in the NAIC Annual Statement Instructions.
	L	Signed Jurat	
	M	NONE Filings:	See NAIC Annual Statement Instructions.
	N	Filings new, discontinued or modified materially since last year:	
	O	Supplemental Compensation Exhibit	The Supplemental Compensation Exhibit is a mandatory filing for both foreign and domestic companies. See Neb.Rev.Stat. §44-322. The exhibit must be filed even if no salaries were paid by marking "NONE" on the exhibit.

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplemental .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Electronic Filing*** includes the complete quarterly filing and the PDF files for all quarterly data.

The ***Quarterly .PDF Filing*** is the .pdf file for quarterly statement data.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.